ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. *141*

Registered No. *17*

1. PLACE OF BIRTH

County *Gila* State *Arizona* or Village

District or Township

City *Globe* No. St. Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child *Ascension Rios Jr.*
{ If child is not yet named, make supplemental report, as directed.

3. Sex of Child *Male*

To be answered ONLY in event of plural births.

4. Twin, triplet or other

5. No., in order of birth

6. Legitimate? *yes*

7. Date of birth *Jan. 6 - 27* Month Day Year

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8. FATHER	**14. MOTHER**
Full name *Ascension Rios*	Full maiden name *Mary Anna Pena*
9. Residence (Usual place of abode) *Globe Ariz.*	15. Residence (Usual place of abode) *Globe Ariz.*
If non-resident, give place and state.	If non-resident, give place and state.
10. Color or race *Mex.*	16. Color or race *Mex.*
11. Age at last birthday *26* (Years)	17. Age at last birthday *19* (Years)
12. Birthplace (city or place) *Solomonville*	18. Birthplace (city or place) *Solomonville*
(State or country) *Ariz.*	(State or country) *Ariz.*
13. Occupation Nature of industry *Miner*	19. Occupation Nature of industry *Housewife*

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20. Number of children of this mother *2*
(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living *2*
(b) Born alive but now dead *0*
(c) Stillborn *0*

21. Were precautions taken against ophthalmia neonatorum? *yes*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *born alive* at *8:15 P* m. on the date above stated
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature *C W Adams*

Physician
(Physician or midwife)

Given name added from a supplemental report
Month, day, year

Address *Globe Ariz.*

Filed *1-31*, 19*27* *H. H. Horst*

Registrar

192-106-471